

**Deposition of David Paulson, M.D. - 3/11/2016**  
**Ronaldo Ligons, et al. v. Minnesota Department of Corrections, et al.**

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1 UNITED STATES DISTRICT COURT  
DISTRICT OF MINNESOTA  
2 Case Number 15-cv-2210 PJS/BT  
3 -----  
4 RONALDO LIGONS,  
BARRY MICHAELSON,  
5 JOHN ROE, and JANE ROE,  
JOHN MILES AND JANE MILES,  
6 JOHN STILES AND JANE STILES,  
individually, and on behalf of those  
7 similarly situated,  
8 Plaintiffs,  
9 v.  
10 MINNESOTA DEPARTMENT OF CORRECTIONS,  
11 THOMAS ROY,  
Minnesota Commissioner of Corrections,  
12 in his official capacity,  
13 DR. DAVID A. PAULSON, M.D.,  
in his individual and his official capacities  
14 for actions under color of law as Medical  
Director, Minnesota Department of  
15 Corrections,  
16 NANETTE LARSON,  
in her individual and her official capacities  
17 for actions under color of law as Health  
Services Director, Minnesota Department of  
18 Corrections,  
19 DR. D. QUIRAM, M.D.,  
in his individual and his official capacities  
20 for actions under color of law as Plaintiffs'  
treating physician at Minnesota Correctional  
21 Facility, Stillwater,  
22 DR. R. HANSON, M.D.,  
in his individual and his official capacities  
23 for actions under color of law as Plaintiffs'  
treating physician at Minnesota Correctional  
24 Facility, Stillwater,  
25

**Exhibits Only**

**Deposition of David Paulson, M.D. - 3/11/2016**  
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1 JOHN and JANE DOES A-J,  
in their respective individual and official  
2 capacities for actions under color of law as  
staff of Minnesota Correctional Facilities,  
3 Stillwater and Faribault,  
4 and  
5 CENTURION OF MINNESOTA, L.L.C.,  
6 Defendants.

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Taken on 3/11/16 By Charles G. Williamson

Hollie, Shannon D (MR # 3205210)



Ex. 6.

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INTERNATIONAL HUMANITARIAN LAW INSTITUTE  
325 Cedar St., Ste. 308, St. Paul, MN 55101**Office Visit**

8/18/2015

Mr. Shannon D Hollie | MRN: 3205210

**Contact Information**

8/18/2015 8:30 AM	Provider	Department	Encounter #	Center
	Conrad J. Ross	ESSENTIA HEALTH- DULUTH CLINIC FIRST STREET GASTROENTEROLOGY	1038059190	FIRST STREET

Consults signed by Ross, Conrad J, PA-C at 8/18/2015 9:31 AM

Author: Ross, Conrad J, PA-C	Service: (none)	Author Type: Physician Assistant
Filed: 8/19/2015 8:31 AM	Note Time: 8/18/2015 5:36 PM	Status: Signed
Editor: Ross, Conrad J, PA-C (Physician Assistant)		

**ESSENTIA HEALTH**

Patient Name: HOLLIE, SHANNON D

Date of Service: 08/18/2015

DOB: 10/11/1962

Age: 52Y

Sex: M

MRN: 3205210

Site MRN:

Patient Loc/Room #: FS GI/

Provider: Conrad J. Ross, PA-C, Gastroenterology

**CONSULTATION**

SITE: Essentia Health Duluth Clinic

REQUESTED BY: Keri Ann Ovsak, RN, CNP

REASON FOR CONSULT: Hepatitis C.

**HISTORY OF PRESENT ILLNESS:** This is a 52-year-old African-American gentleman currently incarcerated in MSOP who has a diagnosis of chronic hepatitis C, genotype 1a, low viral load. It was discovered in 1997 after having a traumatic bleed. He did not require blood transfusions. He declines having acute hepatitis in the past. He believes he has been vaccinated for hepatitis A and B. It is unclear his immune status. He has had 3 liver biopsies, the last occurring in 2013, results of which apparently showed grade 1, stage 1 liver disease at the time noted within his chart. He also had a biopsy in 2011 showing grade 1, stage 1-2. He believes he has had a 3rd biopsy previously in St. Joseph's, but is unsure of those results. He notes risk factors for hepatitis C including tattoos placed between 1995 and 1999. He denies substance use, though this is noted within his chart. He denies blood transfusions, hemodialysis, household or sexual exposure. He has had no signs of decompensation. He does have a history of diabetes which was diagnosed in 2006. He has been able to come off of insulin for this and now off metformin. He previously had hypercholesterolemia which has responded to diet and exercise, and he has been able to stop statin therapy. He otherwise has been doing well.

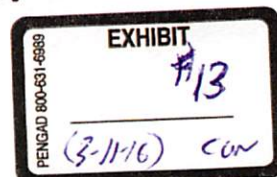
**PAST SURGICAL HISTORY:** Significant for the 3 liver biopsies. Recalls no other surgeries other than a knee scope. Does not specify which knee.

**FAMILY HISTORY:** Significant for his mother dying from breast cancer at age 41. He had maternal uncles with prostate cancer. No family history of liver disease, Crohn's, or colitis.

**SOCIAL HISTORY:** He is incarcerated, single. Works as a cook and has done this for 5 years.

**CURRENT MEDICATIONS:**

1. Metformin 1,000 mg 1 tab every morning with breakfast.



Hollie, Shannon D (MR # 3205210) Printed by [49505] at 11/27/15 7:25 AM

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2. Aspirin 81 mg daily.

ALLERGIES: He has no known drug allergies.

SOCIAL HISTORY: Again, he has a 10-pack-year history of smoking, quit 20 years ago. He does not drink alcohol. He drinks 2 cups of coffee daily. Exercises 3-5 times weekly.

REVIEW OF SYSTEMS: He denies fatigue. He has lost weight purposefully. Denies fever, chills, or night sweats. HEENT - denies trouble with headaches, trouble with vision. Denies trouble with nosebleeds or sinus congestion. Cardiovascular - denies cough, shortness of breath, dyspnea on exertion, or palpitations. Does note tuberculosis exposure. Was treated on INH in 1994 for approximately 9 months. GI - denies odynophagia, dysphagia. Denies abdominal pain. Denies constipation. Denies diarrhea. Neurologic - denies fainting episodes, seizures. Denies stroke or paralysis. GU - denies nocturia, frequency, or dysuria. Musculoskeletal - denies joint pain, muscle aches. Hematologic - denies PE. Denies DVT. Endocrine - denies polydipsia or polyphagia. Dermatologic - does note tattoos. Denies eczema or psoriasis. Psych - denies anxiety, depression. Denies homicidal or suicidal ideation. Denies abuse.

PHYSICAL EXAMINATION: His blood pressure today is 120/72. His pulse is 61. His respiratory rate is 12. His O2 saturation is 97%. His weight is 209 pounds. His height is 5'9". He is alert, in no acute distress, and afebrile. His oropharynx is benign. His uvula is midline. There is no erythema or exudate. His neck is supple with full range of motion. No anterior or posterior lymphadenopathy appreciated. Thyroid is palpated, not enlarged, and free of mass. His lungs are clear bilaterally without wheeze, rhonchi, or crackle. Heart has a regular rate and rhythm. Normal S1, S2 without murmur. Abdomen is soft with positive bowel sounds in all 4 quadrants without hepato or splenomegaly. Distal extremities reveal no edema. Cranial nerves II-XII grossly intact. Mood and affect are appropriate.

LABORATORY: Review of labs - blood work noted from 05/20/2015 showed a hepatitis C viral load of 547,000. He is noted to be genotype 1a, treatment naive. Creatinine mildly elevated at 1.03. This could be normal at MSOP. ALT noted to be 87, AST of 67. Platelets at 157,000.

Recommendations from Dr. David Paulson and Keni Ovsak are to consider treatment for Viekira Pak with ribavirin for 12 weeks of therapy with approval from subspecialty.

ASSESSMENT: Hepatitis C, genotype 1a, low viral load, grade 1, stage 2 liver disease on biopsy of November 2008. Most recent biopsy, however, at Mercy 04/2013 showing grade 1, stage 1 liver disease.

PLAN: Would recommend further laboratory evaluation on the patient today. Get baseline blood work - CBC, creatinine, hepatitis C viral load, LFTs, hepatitis A antibody and B surface antibody to assess for immunity. If not immune, would recommend revaccination. I would recommend treatment based on AASLD recommendations and Infectious Disease Society recommendations for treatment of this patient's hepatitis C despite low fibrosis. Although priority is recommended to be given to stage 3 to stage 4 fibrotics, it is recommended that all patients with hepatitis C be treated. I believe the patient would tolerate Viekira Pak plus ribavirin, length of therapy 12 weeks of treatment. Side effects were discussed with patient including hemolytic anemia, rash, GI upset, fatigue, mild headaches, and some disequilibrium that is seen with Viekira. He would require weekly blood tests to monitor for hemolytic anemia and would recommend CBC weekly, ALT and creatinine x4. Hepatitis C viral load checked at week 4 of treatment, at week 12 of treatment, and 12 weeks post therapy. Dose reductions of ribavirin would be recommended if his hemoglobin dropped below 10 g/dL or a 3 g drop in any 4-week period of time, at which time I would drop his ribavirin dose from 600 mg twice daily down to 600 mg daily. Otherwise, suspect the patient has a 93 to 97% chance of sustained virologic response with treatment. Prevention issues were



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discussed with patient as well, as well as the progression. If it is required to assess for fibrosis further with treatment, I would recommend ultrasound elastography which can be completed here at Essentia Health to determine the stiffness of his liver, which would correlate with fibrosis rather than pursuing a liver biopsy. He was appreciative. I recommend that he see me back at some point during therapy to monitor response, as well as side effect management.

Conrad J. Ross, PA-C  
Essentia Health-DC First Street Bldg  
Gastroenterology

cc:

Keri Ann Ovsak, RN, CNP  
Theresa M. Smith, MD  
David A. Paulson, MD

D: 08/18/2015 09:30:13/CJR Job ID: 4131503/4131503  
T: 08/18/2015 17:36:16/knf Document ID: 4013208





Hollie, Shannon D [3205210] - DOB: 10/11/1962 - Flowsheet

Component	Latest Ref Rng	8/18/2015
NEUTROPHIL %		24.4
LYMPHOCYTE %		59.0
MONOCYTE %		13.9
EOSINOPHIL %		1.6
BASOPHIL %		1.1
NEUTROPHIL ABS	1.7 - 8.5 $10^9/L$	0.7 (L)
LYMPHOCYTE ABS	0.9 - 3.6 $10^9/L$	1.7
MONOCYTE ABS	0.3 - 1.0 $10^9/L$	0.4
EOSINOPHIL ABS	0.0 - 0.6 $10^9/L$	0.0
BASOPHIL ABS	0.0 - 0.3 $10^9/L$	0.0
WBC	3.4 - 10.7 $10^9/L$	3.0 (L)
RBC	4.20 - 5.90 $10^{12}/L$	5.35
HGB	13.0 - 17.0 g/dL	16.3
HCT	37.5 - 51.0 %	47.5
MCV	82.0 - 99.0 fL	88.7
MCH	27.0 - 34.0 pg	30.5
MCHC	32.0 - 35.7 g/dL	34.3
RDW	11.0 - 15.0 %	13.1
PLT	150 - 400 $10^9/L$	151
ALBUMIN	3.5 - 5.0 g/dL	4.0
TOTAL BILIRUBIN	0.2 - 1.2 mg/dL	1.0
DIRECT BILIRUBIN	0.0 - 0.5 mg/dL	0.4
INDIRECT BILI	0.1 - 1.2 mg/dL	0.6
ALK PHOSPHATASE	40 - 150 IU/L	64
PROTEIN, TOTAL	6.0 - 8.0 g/dL	7.4
ALT(SGPT)	6 - 40 IU/L	83 (H)
AST(SGOT)	10 - 40 IU/L	60 (H)
CREATININE	0.70 - 1.20 mg/dL	1.05
GFR CALC		>60
HEP C RNA PCR QN	Undetected IU/mL	765000 (A)
Hep B Surface Aby		10.2
Hepatitis A Total Ab, S	Negative	Positive (A)



Central Office

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www.doc.state.mn.us

March 3, 2015

Peter J. Nickitas  
Attorney at Law  
431 South 7<sup>th</sup> street  
Suite 2446  
PO Box 15221  
Minneapolis, MN 55414-0221

RE: Ligons, Ronaldo  
OID # 171203

Dear Mr. Nickitas:

In response to the February 11, 2015 letter from you and Professor Erlinder, my understanding is that Mr. Ligons transfer is related to re-classification of his custody level. This is a routine practice in the Department of Correction. Health Services is not involved in these reclassifications.

Regarding hepatitis C antiviral treatment, this is and has been available at the three Level 3 facilities in the DOC system.

The revised criteria for hepatitis C treatment in the MN Department of Corrections is nearing completion. It will include prioritization of treatment as described in the AASCLD/ICDA December 2014 revision.

Sincerely,

A handwritten signature in black ink, appearing to read "David Paulson".

David Paulson, M.D  
MN DOC Medical Director

C: Health Services file



Minnesota Department of Corrections  
**OFFENDER KITE FORM**

Copy

Offenders are encouraged to communicate with staff at all levels, but it is expected that the chain of command will be used. Your kite should be directed to the staff who can best answer your question. If you send a kite requiring an answer to the wrong staff, it will be returned to you. Kites are to be used for offender to staff correspondence only. If your kite is not specific, it will be returned for additional information. If you want your kite reviewed further up the chain of command, you must attach all previous kites to show the previous responses.

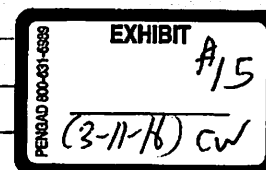
To: Health Service/Sarah Hard Date: OCT 23, 2010  
 From: Barry Michaelson OID: 203279  
 Facility/Unit A-West Room/Cell \_\_\_\_\_ Casemanager \_\_\_\_\_

Other staff you have contacted regarding this issue and the outcome/decision (attach responses):

I was exposed to the Hep-C Virus  
in July 2010 in Cell # 106 in B-West  
Housing unit with Bunkmate: Michael -  
DeCorsey O.I.D 226627 who cut himself on  
the bunk bed and Bled all over the floor  
and down his legs. I had blood all over my  
heels of my feet and shower shoes and  
I have very dry feet that are Cracked  
exposing raw skin. The 1st shift 10<sup>PM</sup>-6<sup>AM</sup>  
C.O. had me clean-up this blood because  
Mr. DeCorsey is Sickley. Mr. DeCorsey  
informed this 1st shift C.O. that he  
was Hep-C positive and that I  
was at risk I would like Hep-C  
treatment.

Under Title 28, U.S.C § 1746 F  
Barry S. Michaelson under penalty of Perjury  
Declare that I sent this Kite to Health  
Services (via) inmate Mail system on  
Oct 23, 2010.

Comment  
No kite returned.



Distribution upon completion of response: Original to offender; copy to respondent 303.101A (5/2007)



Stillwater prison nurse says boss shredded embarrassing medical log | Star Tribune

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## Stillwater prison nurse says boss shredded embarrassing medical log

Article by: PAUL MCENROE, Star Tribune Updated: April 3, 2014 - 9:57 PM

Her affidavit is part of a negligence lawsuit against the state prison system.



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A supervisor at Stillwater state prison destroyed health records in which a nurse had mockingly written "Faker!" about a critically ill inmate who was seeking medical care, according to a sworn affidavit from another nurse who says she saw her boss shred the document in 2012.

Cassie Rider, a registered nurse who has since left her job at the prison, said in an interview Thursday that her supervisor ordered her to shred the embarrassing document, but that she refused because she felt it was an unethical attempt to conceal failures by the prison's medical staff.

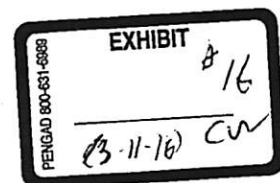
Rider's affidavit was filed in support of a lawsuit brought last year by the inmate, Enck Thomas, against the Minnesota Department of Corrections. Thomas alleges medical negligence in the way prison staffers treated him for what turned out to be a life-threatening blood clot. Thomas' attorneys served the affidavit Wednesday to the state attorney general's office, which is representing the department.

"There is nothing more sinister in the world of law than somebody purposefully destroying evidence to hide what they did or did not do," said Steve Meshbesh, one of two attorneys representing Thomas.

A Corrections Department spokeswoman declined to comment, saying the agency does not discuss pending litigation.

Thomas, who is still serving time on a drug charge and is now numb across half his body, filed the suit following a report in the Star Tribune that detailed the 2012 incident. Records obtained by the Star Tribune at the time showed that nurse Eleanor Fuller gave Thomas a cursory exam after he complained of numbness and paralysis. After deciding he didn't need further care, Fuller wrote the word "Faker!" in his log, then left corrections officers to care for him overnight. Soon afterward, Thomas collapsed and lay paralyzed in a pool of urine until he was found at dawn by an officer, according to prison records and interviews with Thomas.

When Rider came on duty that morning, she examined Thomas and found that he was unable to respond to her commands and was incontinent and drooling. One pupil was larger than the other, she noted, and he could answer questions only by blinking once for yes and twice for no. She ordered him to be rushed to a St. Paul hospital,



4/4/2014

http://www.startribune.com/local/east/253848451.html

where he underwent emergency surgery for a blood clot pressing on his brainstem.

Made a photocopy

In her affidavit, Rider says that her supervisor, health administrator Sara Hard, confronted her a few hours later about the medical record on which Fuller had written the word "Faker."

"Hard ordered me to destroy the Checklist because, according to her, we can't write [expletive] like that on anything, and Ellie knows better than that."

Rider refused the order and then, without her supervisor's knowledge, made a photocopy of the document.

"Hard then took the original Checklist and destroyed it herself by putting it through the shredder located in the med processing room under the nurse desk in front of me," Rider stated. "After doing so, she stated to me: 'That wasn't so hard now, was it?'"

Hard, who has worked for the Corrections Department since late 1998, was demoted to a staff nursing job last April, officials said. She declined to be interviewed for this report.

The photocopy that Rider made is now part of a court filing awaiting a judge's examination.

"I just believe in always trying to do the right thing," Rider, 40, said in an interview. "I never looked up what any of these men did to end up in prison. I just believed they deserved the same health care as anyone else."

Paul McEnroe • 612-673-1745